

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>MB</i>		<i>10/15/01</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>FD</i>	<i>1121</i>	<i>10-23-2001</i>
RESPONSE FORMALITY REVIEW	<i>iel</i>	<i>1030</i>	<i>1-9-02</i>
	<i>SL</i>	<i>1021</i>	<i>01/03/03</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date	Claim	Date	Claim	Date
Final	Original	Final	Original	Final	Original
1	12	51		101	
2	13	52		102	
3	14	53		103	
4	15	54		104	
5	16	55		105	
6	17	56		106	
7	18	57		107	
8	19	58		108	
9	20	59		109	
10	21	60		110	
11	22	61		111	
12	23	62		112	
13	24	63		113	
14	25	64		114	
15	26	65		115	
16	27	66		116	
17	28	67		117	
18	29	68		118	
19	30	69		119	
20	31	70		120	
21	32	71		121	
22	33	72		122	
23	34	73		123	
24	35	74		124	
25	36	75		125	
26	37	76		126	
27	38	77		127	
28	39	78		128	
29	40	79		129	
30	41	80		130	
31	42	81		131	
32	43	82		132	
33	44	83		133	
34	45	84		134	
35	46	85		135	
36	47	86		136	
37	48	87		137	
38	49	88		138	
39	50	89		139	
40		90		140	
41		91		141	
42		92		142	
43		93		143	
44		94		144	
45		95		145	
46		96		146	
47		97		147	
48		98		148	
49		99		149	
50		100		150	

If more than 150 claims or 10 actions  
staple additional sheet here

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617  
1-9-02

947 01/03/03